

organizational

Disclosure Report Cover

Amendment  
 Yes  No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.  
Use the Addendum form (CRO-1010) if more entries are needed.

**1. Committee Information**

a. Full Name: Ed Melvin For Co. Commissioner c. ID Number: \_\_\_\_\_

b. Mailing Address (include City, State and Zip Code): 3017 Ravenhill DR  
Fayetteville N.C. 28303 d. Date Filed: 1-20-06

e. Phone Number: 391-4028

2. Report Year: \_\_\_\_\_ 3. Period Start Date (mm/dd/yyyy): \_\_\_\_\_ 4. Period End Date (mm/dd/yyyy): \_\_\_\_\_ 5. Treasurer Full Name: \_\_\_\_\_

**6. Type of Committee (Check one)**

Candidate Campaign  Party  
 Joint Fundraiser  PAC  
 Referendum

**7. Type of Fund (if applicable, check one)**

Soft Money Account  
 "Booster Fund"  
 Building Fund  
 NC Political Party Financing Fund  
 Presidential Election Year Candidates Fund  
 NCPublic Campaign Financing Fund  
 Other: \_\_\_\_\_

**8. Type of Report (check only one type of report from one category)**

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input checked="" type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>9. Special Report Name</b>
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	_____
<input type="checkbox"/> Special	<input type="checkbox"/> Final	_____
	<input type="checkbox"/> Special	_____

**10. Account Information**

a. Financial Institution Full Name: \_\_\_\_\_

b. Purpose: \_\_\_\_\_ c. Code: \_\_\_\_\_

d. Period Begin Balance: \$ - 0 -

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state election. I further certify that this report is complete, true and correct.

Ed Melvin Printed Name of Signer Ed Melvin Signature of Appointed Treasurer 1-20-06 Date

**RECEIVED**  
JAN 20 2006

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Ed Melvin For Co. Comm. Organ.	Organ.		
Start of Election Cycle: January 1, 2006	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0-	\$ 0-0	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 11,165.	\$ 11165	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) "Goods and Services" Contributions (CRO-1260)	\$	\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 11165	\$ 11165	
<b>EXPENDITURES</b>			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)	\$ 443.34	\$ 443.34	
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)	\$ 1072166	\$ 10721.66	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 11,165.00		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	\$	\$	

Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Edouard for County Commission					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
International Minute Man 1327 Robeson St Fayetteville NC 28305		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	Ad.	1/10/06	\$ 343.34	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Silver Square Lodge #791 P.O. Box 941 Fayetteville N.C. 28302		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
1	CK	Ad	1/17/06	\$ 100.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Cycle Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 443.34	
6. Total of ALL CRO-1310 Pages				\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

Loan Proceeds

Pg \_\_\_\_\_ of \_\_\_\_\_ Amendment  Yes  No

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Ed Melvin for County Commission			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Edward J Melvin Jr. 3017 Ravenhill Dr Fayetteville NC, 28303			
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			1-6-06
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0 %	None	1	Check
k. Amount			\$ 11,165.34
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
			% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
			% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
			% \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
			% \$
5. Total of ALL CRO-1410 Pages			\$ 11,165.34
(This line must be on line 9 of Detailed Summary Page CRO-1100)			



## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

<ul style="list-style-type: none"><li>• Name of committee to receive loan:</li></ul> <hr/>
<ul style="list-style-type: none"><li>• Person lending money to committee (Lender): <i>Ed Melvin for County Commissioners</i></li></ul> <hr/>
<ul style="list-style-type: none"><li>• Date of loan to committee: _____</li></ul>
<ul style="list-style-type: none"><li>• Name of lending institution and account number (source):</li></ul> <hr/>
<ul style="list-style-type: none"><li>• Amount of loan: _____</li></ul>
<ul style="list-style-type: none"><li>• Names of all parties responsible for payment of loan (guarantors):</li></ul> <hr/>
<ul style="list-style-type: none"><li>• Period of loan: _____</li></ul>
<ul style="list-style-type: none"><li>• Rate of interest of loan: _____</li></ul>
<ul style="list-style-type: none"><li>• Security pledged for loan: _____</li></ul>

I, \_\_\_\_\_, acknowledge that all of the information  
(Person lending money to committee)  
provided is complete, true, and accurate. I further understand I may not forgive a loan  
that has an outstanding balance to any source.

*Ed Melvin*

Signature of Lender

\_\_\_\_\_  
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.